

Child Care Request Form - Additional Child

This form is **ONLY** for those searching for childcare who have more than one child. Please use this form **ONLY** after completing the Child Care Request Form and **ONLY** if you have more than one child. Please complete a form for each additional child. Thank you!

Please mail the completed form to:

Barbara Warman
332 West Edmonston Drive
Rockville, MD 20852

All questions with asterisks (*) REQUIRE responses.

Information Regarding Child

*1) Your Full Name:

2) Name of Additional Child

*3) Age of Additional Child

*4) Sex of Child

- ☐ Female
- ☐ Male
- ☐ Unborn

Child Care Information

*5) Amount willing/able to pay for care per week (or POC/WPA)

*6) What kind of care:

- ☐ Part Time
- ☐ Full Time
- ☐ Temporary
- ☐ Back-Up

*7) Date childcare will need to begin:

*8) Day(s) care is needed:

- ☐ Sunday
- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday

9) Hours Needed:

- ☐ Normal (6:30 Am - 6:30 Pm)
- ☐ Evening (After 6:30 Pm)
- ☐ Early (Before 6:30 Am)
- ☐ Overnight
- ☐ Flexible
- ☐ Before School
- ☐ After School
- ☐ Before and After School
- ☐ Before Kindergarten
- ☐ After Kindergarten
- ☐ Before and After Kindergarten
- ☐ Before Pre-Kindergarten
- ☐ After Pre-Kindergarten
- ☐ Before and After Pre-Kindergarten
- ☐ Before EEEP
- ☐ After EEEP
- ☐ Before and After EEEP
- ☐ Before Head start
- ☐ After Head start
- ☐ Before and After Head start
- ☐ Overnight

*10) Hour (Am/Pm) childcare will need to begin:

- ☐ A.M
- ☐ P.M

- ☐ 12
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11

*11) Hour (Am/Pm) childcare will need to end:

- ☐ A.M
- ☐ P.M

- ☐ 12
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11

*12) Type of care:

- ☐ Family
- ☐ Group
- ☐ Family and Group

*13) Type of Program:

- ☐ Center
- ☐ Infant
- ☐ School Age
- ☐ Nursery
- ☐ Kindergarten
- ☐ Part-Day
- ☐ Head start
- ☐ Camp
- ☐ Summer Program
- ☐ EEEP

14) Name of school child attends:

*15) Need Escort?

- ☐ Yes
- ☐ No

16) Other special requirements:

- ☐ Non-Smoking
- ☐ CPR
- ☐ Special Diet
- ☐ First Aid
- ☐ Type Of Home

- ☐ Fenced Yard
- ☐ No Dogs
- ☐ No Pool
- ☐ No Cats
- ☐ Assist In Toilet Training

17) Additional comments:
